JUDICIAL CA CAMPAIGN F	FORM JC/OH COVER SHEET PG 1							
The JC/OH INSTRUCTION GUIDE explains how to complete this form.			CCOUNT # hics Commission filers)	2 PAGE# 1 of 4				
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRS		MI	OFFICE U	ISE ONLY			
NAME 4 CANDIDATE /	Hon. Stepl NICKNAME LAS Yeler ADDRESS / PO BOX: APT / SUITE:	π nosky	SUFFIX STATE; ZIP CODE	Date Received				
OFFICEHOLDER MAILING ADDRESS Change of Address	709 Bouldin Austin, TX 78704-1609		V 2 2.32	Date Hand-delivered	or Date Postmarked			
				Receipt #	Amount			
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST MI MS. Betty			Date Processed	<u> </u>			
NAME	NICKNAME LAS		SUFFIX	Date imaged				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEAS) 11142 Pinehurst Austin, TX 78747	E); APT / SUITE #;	CITY; STATE;	ZIP CODE				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM (512) 292-0560	BER	EXTENSION					
8 REPORT TYPE	January 15 30th	Runoff	15th day after campaign treasurer appointment (officeholder only)					
	X July 15 8th d	day before election	Exceeded \$500 limit	Final report (Att	ach C/OH - FR)			
9 PERIOD COVERED	Month Day Year 01/01/2008	THROUGH	Month Day 06/30/20	Year				
40 ELECTION	ELECTION DATE							
10 ELECTION	Month Day Year 11/04/2008	ELECTION TYPE Primary	Runoff X	General	Special			
11 OFFICE	OFFICE HELD (if any) District Judge District 345		12 OFFICE SOUGHT (if known)				
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.							
EXPENDITURE BY OTHER INDIVIDUALS	Name							
additional pages	Address/PO Box; Apt. / Suite #; Ci	ity; State; Zip Code						
GO TO PAGE 2								

JUDICIAL CA SUPPORT &	FORM JC/OH COVER SHEET PG 2						
14 C/OH NAME Yelenosky, Stephen (Hon.)				15 ACCOUNT # (Ethics Commission filers) 00054142			
16 NOTICE FROM	This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures						
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
•	GENERAL GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASUR	ER NAME		· · · · · · · · · · · · · · · · · · ·		
additional pages		COMMITTEE CAMPAIGN TREASUR	ER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF S, LOANS, OR GUARANTEES OF		\$ 0.00			
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$	0.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED			\$	0.00		
	4. TOTAL POLITICAL EXPENDITURES			\$	270.00		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAI AY OF THE REPORTING PERIOD	\$	2,374.82			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUT AY OF THE REPORTING PERIOD	\$	0.00			
18 AFFIDAVIT							
		is	swear, or affirm, under penalty true and correct and includes e under Title 15, Election Code	all information required			
		SI —	tephen Yelenosky	andidate/or Officeholde	7		
ACCIV MOTADY O	TAMB / SEAL ASSI	re	<i>l</i>				
	TAMP / SEAL ABOV	. .	· Yelenosky	this the	/ b day		
of July ,2	0 0 8 , to cer	tify which, witness my hand	d and seal of office.				
Kin Lusleus Anne Toe office Booksles Kimberley Anne Toe office Booksler Texas No tangublic Signature of officer administering oath Print name of officer administering oath Title of officer administering oath							

P.O.Box 12070 **Texas Ethics Commission** Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 1/2 Report: 3/4 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Yelenosky, Stephen (Hon.) 00054142 Date Payee name Amount Austin Bar Association 04/09/2008 \$50.00 6 Payee address; City; State; Zip Code 816 Congress Ave., Ste. 700 Austin, TX 78701 Purpose of payment (See instructions regarding type of information 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** required.) Candidate / Officeholder name: Law Day Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Pavee name Amount Cinco de Mayo Committee (\$) 04/20/2008 \$25.00 Payee address; City; State; Zip Code 314 W. 11th Street #525 Austin, TX 78701 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information Candidate / Officeholder name: required.) advertisement Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount Sam Biscoe Special Projects (\$) 05/12/2008 \$25.00 Payee address: City; State; Zip Code 314 W. 11th Street #520 Austin, TX 78701 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information Candidate / Officeholder name: required.) advertisement Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount Travis County Democratic Party (\$) 01/04/2008 \$140.00 City; State; Zip Code Payee address; P.O. Box 684263 Austin, TX 78768

Purpose of payment (See instructions regarding type of information

(If travel outside of Texas, complete Schedule T)

required.) filing dinner

** Complete if direct expenditure to benefit Candidate/Officeholder

Candidate / Officeholder name:

Office sought:

Office held:

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 **POLITICAL EXPENDITURES** SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 2/2 Report: 4/4 (Ethics Commission filers) 2 FILER NAME Yelenosky, Stephen (Hon.) ACCOUNT# 00054142 Date Amount Payee name 7 (\$) Travis County Democratic Party 05/13/2008 \$30.00 6 Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768 9 Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name: Purpose of payment (See instructions regarding type of information required.) Party Chair event Office sought: (If travel outside of Texas, complete Schedule T) Office held: